FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC 2831 Lone Oak Road ADDRESS (number and street) Check if different than previously Paducah ΚY 42003 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00351197 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 28 2006 12 3 1 2006 1 1 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Laxmaiah Manchikanti Type or Print Name of Treasurer Electronically Filed by Laxmaiah Manchikanti 0 1 3 1 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Report Covering the Period: From:	28 2006	To: 12 31 2006
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1 Y2006		94600.44
(b) Cash on Hand at Begining of Reporting Period	110846.66	
(c) Total Receipts (from Line 19)	49930.91	206971.03
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	160777.57	301571.47
Total Disbursements (from Line 31)	410.65	141204.55
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	160366.92	160366.92
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
X This Committee has qualified as a multicandidate	e committee. (see FEC FORM 1M)	
For	r further information contact:	

Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

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Write or Type Committee Name

19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

12, 13, 14, 15, 16, 17, and 18(c))

(subtract Line 18(c) from Line 19)

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

м N 1 1 2^D8 м м 1 2 3^D1 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 47650.00 197740.00 (i) Itemized (use Schedule A) 1750.00 6370.00 (ii) Unitemized (iii) TOTAL (add 49400.00 204110.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 49400.00 204110.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 530.91 2861.03 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)).

49930.91

49930.91

206971.03

206971.03

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	410.65	2204.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	410.65	2204.55
Transfers to Affiliated/Other Party		
CommitteesContributions to	0.00	5000.00
Federal Candidates/Committeesand Other Political Committees	0.00	129000.00
Independent Expenditure (use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees		5000.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	5000.00
Other Disbursements	0.00	0.00
. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	410.65	141204.55
. Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	410.65	141204.55
110111 EIIIe 31)	410.03	141204.50

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	49400.00	204110.00
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	49400.00	199110.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	410.65	2204.55
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	410.65	2204.55

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 17
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED RESENTS		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and State	ments may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the nar	me and add	dress of any political committee to	solicit contributions from such committee.
$ \setminus $	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTION	NIAL DAI	NI DUVOLCIANI DAC	
/	AMERICAN SOCIETY OF INTERVENTIC	MAL PAI	IN PHYSICIAIN PAC	
Α.	Full Name (Last, First, Middle Initial) Pratha Atluri			Date of Receipt
Α.	Mailing Address 10160 Meadowknoll			M M / D D / Y Y Y Y
				12 04 2006
	City	State	Zip Code	Transaction ID: SA11A1.6996
	Loveland	OH	45140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5000.00
	Tri State Pain Mamt Inet-	Occupation MD	1	contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	5000.00	1
	Other (specify) ▼	0 0		
В.	Full Name (Last, First, Middle Initial) Sairam Atluri MD			Date of Receipt
	Mailing Address 10160 Meadowknoll Drive)		12 04 2006
	City	State	Zip Code	Transaction ID: SA11A1.6997
	Loveland	OH	45140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5000.00
	AICC · ·	Occupation		contribution
		Physician		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		5000.00	
_	Full Name (Last, First, Middle Initial)			B : (B ::
C.	Yogendra Bharat Mailing Address 7400 Latigo Circle			Date of Receipt
				12 08 2006
	City	State	Zip Code	Transaction ID: SA11A1.7000
	Franksville	WI	53126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5000.00
	Salf	Occupation MD	١	contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		5000.00	1
	Other (specify)			1
s	UBTOTAL of Receipts This Page (optional)			15000.00
			•	
T	OTAL This Period (last page this line number only	y)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 17
	EMIZED RECEIPTS		or each category of the	(check only one)
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or	y information copied from such Reports and Sta for commercial purposes, other than using the r	ame and add	ress of any political committee to	osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	AMERICAN SOCIETY OF INTERVENT	IONAL PAI	N PHYSICIAN PAC	
A.				Date of Receipt
	Mailing Address 301 W Myrtle			12 04 2006
	City	State	Zip Code	Transaction ID: SA11A1.7001
	Boise	ID	83702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self	Occupation		contribution
	Receipt For:	Physician	Year-to-Date ▼	
	Primary General	Aggregate	Teal-10-Date ▼	
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Yuriy Bukhalo, MD			Date of Receipt
	Mailing Address 1140 Pfingsten Road			12 04 2006
	City	State	Zip Code	Transaction ID: SA11A1.7004
	Glenview	<u> </u>	60025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer NSA	Occupation Physician		contribution
	Receipt For:		Year-to-Date ▼	
	Primary General		400.00	1
	Other (specify) ▼	0 0	400.00	
C.	Full Name (Last, First, Middle Initial) John Dombrowski, MD			Date of Receipt
	Mailing Address 3301 New Mexico Ave #346			12 04 2006
	City	State	Zip Code	Transaction ID: SA11A1.7005
	Washington	DC	20016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		750.00
	Name of Employer self	Occupation Physician		contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
s	UBTOTAL of Receipts This Page (optional)			1400.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 17
	EMIZED RECEIPTS		or each category of the	(check only one)
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or	for commercial purposes, other than using the n	name and add	dress of any political committee to	solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$ \rangle$	AMERICAN SOCIETY OF INTERVENT	IONAL PAI	N PHYSICIAN PAC	
\mathbb{Z}				
Α.	Full Name (Last, First, Middle Initial) Kenneth Gossler, MD			Date of Receipt
Α.	Mailing Address 1475 E Canyon Spring t			M M / D D / Y Y Y Y
	1473 L Carryon Spring t			12 08 2006
	City	State	Zip Code	Transaction ID: SA11A1.7055
	Tuscon	AZ	85718	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
	federal political committee.	C		1000.00
	Name of Employer	Occupation	<u> </u>	contribution
	Name of Employer PISA	Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify) ▼	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) Cameron Govonlu, MD			Date of Receipt
٥.	Mailing Address 55 Nottingham Drive			M M / D D / Y Y Y Y
	oo wollingham biivo			12 04 2006
	City	State	Zip Code	Transaction ID: SA11A1.7009
	Raynham	MA	02767	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1	4000.00
				1 1000 00
	federal political committee.	C		1000.00
	federal political committee.		1	contribution
		Occupation Physician		
	federal political committee.	Occupation Physician		
	Receipt For: Primary General	Occupation Physician	n Year-to-Date ▼	
	Federal political committee. Name of Employer Physicians Pain Management Receipt For:	Occupation Physician	1	
	Receipt For: Primary Other (specify)	Occupation Physician	n Year-to-Date ▼	
	federal political committee. Name of Employer Physicians Pain Management Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation Physician	n Year-to-Date ▼	
C.	Receipt For: Primary Other (specify)	Occupation Physician	n Year-to-Date ▼	Date of Receipt
	federal political committee. Name of Employer Physicians Pain Management Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Hans Hansen Mailing Address 1224 Commerce St. SW	Occupation Physician Aggregate	Year-to-Date ▼ 1500.00	Date of Receipt 1 2 0 4 2 0 0 6
c.	Full Name (Last, First, Middle Initial) Dr. Hans Hansen Mailing Address Sw City	Occupation Physician Aggregate	Year-to-Date ▼ 1500.00 Zip Code	Date of Receipt 1 2 0 4 2 0 0 6 Transaction ID: SA11A1.7010
 C.	federal political committee. Name of Employer Physicians Pain Management Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Hans Hansen Mailing Address 1224 Commerce St. SW	Occupation Physician Aggregate	Year-to-Date ▼ 1500.00	Date of Receipt 1 2 0 4 2 0 0 6
 C.	Full Name (Last, First, Middle Initial) Dr. Hans Hansen Mailing Address City Concover FEC ID number of contributing	Occupation Physician Aggregate State NC	Year-to-Date ▼ 1500.00 Zip Code	Date of Receipt 1 2 0 4 2 0 0 6 Transaction ID: SA11A1.7010
c.	Full Name (Last, First, Middle Initial) Dr. Hans Hansen Mailing Address Concover	Occupation Physician Aggregate	Year-to-Date ▼ 1500.00 Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Full Name (Last, First, Middle Initial) Dr. Hans Hansen Mailing Address City Concover FEC ID number of contributing federal political committee.	Occupation Physician Aggregate State NC	Year-to-Date ▼ 1500.00 Zip Code 28613	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	Full Name (Last, First, Middle Initial) Dr. Hans Hansen Mailing Address Concover FEC ID number of contributing federal political committee. Name of Employer Pain Relief Centeres	Occupation Physician Aggregate State NC C Occupation Physician	Year-to-Date ▼ 1500.00 Zip Code 28613	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	federal political committee. Name of Employer Physicians Pain Management Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Hans Hansen Mailing Address 1224 Commerce St. SW City Concover FEC ID number of contributing federal political committee. Name of Employer Pain Relief Centeres Receipt For:	Occupation Physician Aggregate State NC C Occupation Physician	Year-to-Date ▼ 1500.00 Zip Code 28613	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	Full Name (Last, First, Middle Initial) Dr. Hans Hansen Mailing Address City Concover FEC ID number of contributing federal political committee. Name of Employer Pain Relief Centeres Receipt For: Primary General City Concover FEC ID number of contributing federal political committee. Receipt For: Primary General	Occupation Physician Aggregate State NC C Occupation Physician	Year-to-Date ▼ 1500.00 Zip Code 28613	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	federal political committee. Name of Employer Physicians Pain Management Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Hans Hansen Mailing Address 1224 Commerce St. SW City Concover FEC ID number of contributing federal political committee. Name of Employer Pain Relief Centeres Receipt For:	Occupation Physician Aggregate State NC C Occupation Physician	Tip Code 28613 Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	Full Name (Last, First, Middle Initial) Dr. Hans Hansen Mailing Address City Concover FEC ID number of contributing federal political committee. Name of Employer Pain Relief Centeres Receipt For: Primary General City Concover FEC ID number of contributing federal political committee. Receipt For: Primary General	Occupation Physician Aggregate State NC C Occupation Physician	Tip Code 28613 Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) Dr. Hans Hansen Mailing Address Concover FEC ID number of contributing federal political committee. Name of Employer Pain Relief Centeres Receipt For: Quantification of Contributing federal political committee. Receipt For: Primary General Other (specify) ▼	State NC C Occupation Physician Aggregate State Aggregate Aggregate	Zip Code 28613 Year-to-Date ▼ 2500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) Dr. Hans Hansen Mailing Address City Concover FEC ID number of contributing federal political committee. Name of Employer Pain Relief Centeres Receipt For: Primary General City Concover FEC ID number of contributing federal political committee. Receipt For: Primary General	State NC C Occupation Physician Aggregate State Aggregate Aggregate	Zip Code 28613 Year-to-Date ▼ 2500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 17	
ITEMIZED RECEIPTS			or each category of the	(check only one)
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Ar or	ly information copied from such Reports and Stator commercial purposes, other than using the n	itements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	AMERICAN SOCIETY OF INTERVENT	IONAL PAI	N PHYSICIAN PAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Standiford Helm II			Date of Receipt
	Mailing Address 1808 Calle de La Alamo	S		12 29 2006
	City	State	Zip Code	Transaction ID: SA11A1.7011
	San Clemente	CA	92672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer Self	Occupation Physician		contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 4000.00	
— В.	Full Name (Last, First, Middle Initial) Sten Kramer, MD			Date of Receipt
	Mailing Address 1401 Avocado Ave. #30	7		12 04 2006
	City	State	Zip Code	Transaction ID: SA11A1.7018
	Newport Beach	CA	92660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Physician		contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Kalyan Krishnan			Date of Receipt
	Mailing Address 131 Woodsedge Dr.			12 04 2006
	City	State	Zip Code	Transaction ID: SA11A1.7015
	Milton	PA	17841	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1100.00
	Name of Employer Geisinger Health System	Occupation Physician		contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1300.00	
s	UBTOTAL of Receipts This Page (optional)			3600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)

PAGE 10 / 17 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 17 13 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name (Last, First, Middle Initial) Date of Receipt Ronald Laub MD Mailing Address 3010 N. Circle Drive 12 2006 8 0 City State Zip Code Transaction ID: SA11A1.7020 Colorado Springs CO 80909 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. contribution Name of Employer Self Occupation Physician Aggregate Year-to-Date ▼ Receipt For: Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Ledbetter, MD Date of Receipt Mailing Address 1607 Fairview Ave. 28 2006 City State Zip Code Transaction ID: SA11A1.7056 Monroe LA 71201 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. contribution\ Name of Employer Louisiana Pain Care Occupation Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) C. Marion Lee, MD Date of Receipt Mailing Address 2233 Arabi-Warwick Road 12 04 2006 Citv State Zip Code Transaction ID: SA11A1.7021 Cordele GA 31015 Amount of Each Receipt this Period FEC ID number of contributing 50.00 C federal political committee. contribution Name of Employer Attrinity Health Group Occupation Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 5550.00 SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)		Use separate sch		FOR LINE NUMBER: PAGE 11 / 17 (check only one)	
ITEMIZED RECEIPTS			or each category of		
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\setminus	NAME OF COMMITTEE (In Full)				
	AMERICAN SOCIETY OF INTERVENT	IONAL PAI	N PHYSICIAN PA	C	
Α.	Full Name (Last, First, Middle Initial) Katherine Maurath, MD				Date of Receipt
	Mailing Address 103 Oakmont				12 29 2006
	City	State	Zip Code		Transaction ID: SA11A1.7057
	St. Simons Island	GA	31522		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Summit Sports Medicine	Occupation Physician			contribution
	Receipt For:	Aggregate	Year-to-Date V		
	Primary General			500.00	
	Other (specify) ▼	0 0		500.00	
В.	Full Name (Last, First, Middle Initial) Joseph Miller, MD				Date of Receipt
	Mailing Address PO Box 12034				12 29 7 2006
	City	State	Zip Code		Transaction ID: SA11A1.7058
	Ft. Smith	AR	72917		Amount of Each Receipt this Period
	FEC ID number of contributing				1000.00
	federal political committee.	C			contribution
	Name of Employer AIPD, LLC	Occupation Physician	1		_
	Receipt For:	Aggregate	Year-to-Date		
	Primary General		11	00.00	
	Other (specify)			000.00	
_	Full Name (Last, First, Middle Initial)				D. (D.)
C.	Dr. Joseph Mouhanna				Date of Receipt
	Mailing Address 13500 SW 69th Court				12 08 2006
	City	State	Zip Code		Transaction ID: SA11A1.7028
	Miami	<u>FL</u>	33156		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			2000.00
	Name of Employer Miami Pain & Diagnostic	Occupation Physician			contribution
	Receipt For:	Aggregate	Year-to-Date V		
	Primary General		1 1 1 1 .	200 22	
	Other (specify)		4	000.00	
	UBTOTAL of Receipts This Page (optional)				3500.00
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TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/17
ITEMIZED RECEIPTS			or each category of the	(check only one)
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			zotanou cummary r ago	13 14 15 16 17
Ar	y information copied from such Reports and Stater	ments may	not be sold or used by any personal reason of any political committee to	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	ne and add	ress of any political committee to	solicit contributions from such committee.
$ \setminus $	` ,		NI BUNGUGUANI BAG	
\angle	AMERICAN SOCIETY OF INTERVENTIO	NAL PAI	N PHYSICIAN PAC	
A.	Full Name (Last, First, Middle Initial) Peyman Nazmi			Date of Receipt
	Mailing Address 14404 Sommersville Ct.			12 29 2006
	City	State	Zip Code	Transaction ID: SA11A1.7047
	Midlatham	GA	23113	Amount of Each Receipt this Period
	FEC ID number of contributing	-		
	federal political committee.	С		1000.00
	Name of Employer	Occupation	1	contribution
	Richmond Spine Interventi- on	Physician	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1100.00	1
	Other (specify) ▼		1100.00	
В.	Full Name (Last, First, Middle Initial) Jon Petraglia			Date of Receipt
	Mailing Address 2528 Cliff Dr.			M M / D D / Y Y Y Y
				11 29 2006
	City	State	Zip Code	Transaction ID: SA11A1.6992
	Newport Beach	CA	92665	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.	0		
		Occupation	1	contribution
	Self F	Physician	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	500.00	1
	Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial)			
C.	Richard Ruskin			Date of Receipt
	Mailing Address 4222 E. McLellan Circle #14			12 08 2006
	City	State	Zip Code	Transaction ID: SA11A1.7023
	Mesa	AZ	85205	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer	Occupation	1	contribution
	Physician		ain Institute	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General	1 1		1
	Other (specify) ▼		500.00	
	-	. ,		
	<u> </u>			
s	UBTOTAL of Receipts This Page (optional)		L	2000.00
\vdash				-

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 17	
ITEMIZED RECEIPTS			or each category of the	(check only one)
II LIVIIZED NECEIFI 3		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17
Ar	ny information copied from such Reports and State for commercial purposes, other than using the nan	ments may	not be sold or used by any personal roots of any political committee to	on for the purpose of soliciting contributions
V	NAME OF COMMITTEE (In Full)	ne and add	aress or arry political committee to	Solicit contributions from Such committee.
$ \setminus$	` ,	NIAL DAI	NI DUIVOIOIANI DAO	
\angle	AMERICAN SOCIETY OF INTERVENTIO	MAL PAI	N PHYSICIAN PAC	
Δ.	Full Name (Last, First, Middle Initial) Dr. David Schultz			Date of Receipt
	Mailing Address 5950 Ridge Road			M M / D D / Y Y Y Y
	Maining / Notifice 1 3350 Filiage Fload			12 29 2006
	City	State	Zip Code	Transaction ID: SA11A1.7024
	Shorewood	MN	55331	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		4000.00
				contribution
	MADE	Occupation		Contribution
		Physiciar		
		Aggregate	Year-to-Date ▼	
	Primary General		4000.00	1
	Other (specify) ▼	1 1	4000.00	
R	Full Name (Last, First, Middle Initial) Peggy Schultz			Date of Receipt
٥.	Mailing Address 5950 Ridge Road			M M / D D / Y Y Y Y
	Walling Address 3350 Hage Hoad			1 2 2 9 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.7025
	Shorewood	MN	55331	Amount of Each Receipt this Period
	FEC ID number of contributing	-		
	federal political committee.	C		4000.00
				contribution
	Dermatology Specialists	Occupation		Contribution
		Physiciar		
		Aggregate	Year-to-Date ▼	
	Primary General		4000.00	1
	U Other (specify) ▼		4000.00	
	Full Name (Lant. First. Middle Latter)			
C.	Full Name (Last, First, Middle Initial) Jan Slezak, MD			Date of Receipt
	Mailing Address PO Box 246			M M / D D / Y Y Y Y
				12 04 2006
	City	State	Zip Code	Transaction ID: SA11A1.7050
	<u>Durham</u>	NH	03824	Amount of Each Receipt this Period
	FEC ID number of contributing	С		2000.00
	federal political committee.	<u> </u>		2000.00
	Name of Employer	Occupation		- contribution
	Interventional Chine Med	Physiciar		
			Year-to-Date V	\dashv
	Primary General	, vyyr c yalt	Toul to Date ▼	-
	Other (specify)		2000.00	
	Cities (opcosity)	0 0		4
_				10000.00
Ls	UBTOTAL of Receipts This Page (optional)	·····	······	10000100

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14/17
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stator for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTI	ONAL PAII	N PHYSICIAN PAC	
Full Name (Last, First, Middle Initial) Dr. Roy Talley Mailing Address 1015 Milstead Avenue Suite 100 City Convers FEC ID number of contributing federal political committee. Name of Employer	State GA C	Zip Code 30012	Date of Receipt M M
Name of Employer Atlanta East Pain Relief Center Receipt For: Primary General Other (specify)	Physician		
Full Name (Last, First, Middle Initial) Dr. Joseph Waling Mailing Address 3188 Brookfield			Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11A1.7026
Newburgh FEC ID number of contributing federal political committee.	C	47630	Amount of Each Receipt this Period 100.00
Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		contribution
Full Name (Last, First, Middle Initial) Dean Willis, MD Mailing Address 2504 Cranefield Road SE			Date of Receipt 1 2 0 8 2 0 0 6
City	State	Zip Code	Transaction ID: SA11A1.7061
Hampton Cove FEC ID number of contributing federal political committee.	C	35763	Amount of Each Receipt this Period 3000.00
Name of Employer Alabama Pain Center	Occupation Physician		contribution
Receipt For: Primary General Other (specify) ▼	· ·	Year-to-Date ▼ 3000.00	
SUBTOTAL of Receipts This Page (optional)		······	3600.00
TOTAL This Period (last page this line number or	nly)	>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 15/17 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name (Last, First, Middle Initial) Keith Zwingelbert, MD Date of Receipt Mailing Address 229 South Cove Terrace Drive 12 8 0 2006 City Zip Code State Transaction ID: SA11A1.7064 Panama City FL 32401 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. contribution Name of Employer Self Occupation Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	•	47650.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 16/17					
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)					
11	EMIZED RECEIPTS		Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17					
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any persor dress of any political committee to	n for the purpose of soliciting contributions					
\rangle	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENT	IONAL PAI	N PHYSICIAN PAC						
Α.	Full Name (Last, First, Middle Initial) Bantera Bank			Date of Receipt					
	Mailing Address 3151 Jackson Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID: SA17.7066					
	Paducah	KY	42003	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		232.15					
	Name of Employer	Occupation	n	Monthly Acrued Interest (Nov)					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2562.27						
В.	Full Name (Last, First, Middle Initial) Bantera Bank			Date of Receipt					
	Mailing Address 3151 Jackson Street			1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID: SA17.7067					
	Paducah	KY	42003	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		298.76					
	Name of Employer	Occupation	n	Monthly Acrued Interest (Dec)					
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 2861.03						

SUBTOTAL of Receipts This Page (optional)	530.91	
TOTAL This Period (last page this line number only)	•	530.91

S	CHEDULE B (FEC Form 3X)			ΙF	OR LIN	E NUMBE	:R·		Р	ΔGE	17 /	17		
ITEMIZED DISBURSEMENTS			erate schedule(s) category of the		heck or									
"	LIMIZED DISBOTISEMENTS		Summary Page	X	21b 27	22 28a	\Box	23 28b	24 28c		25 29		26 30b	
Ang or f	y Information copied from such Reports and Stater for commercial purposes, other than using the nam	nents may no e and addres	ot be sold or used ss of any political	by any commi	persor	for the pusolicit cont	irpos ributi	se of so ions fro	olicating om such	contr com	ibutior mittee	IS		
\rangle	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIO	NAL PAIN	PHYSICIAN P	'AC										
A.	Full Name (Last, First, Middle Initial) Bantera Bank					Date	of Di	isburse				Y		
	Mailing Address 3151 Jackson Street						1 1 1 D 3 0 Y 2 0 0 6 Y							
	City Paducah	State KY	Zip Code 42003			Amou	ınt o	f Each	Disburs	emer		_	od	
	Purpose of Disbursement Payment for Creidt Card Fees (Nov)					L.		-			329.	15		
	Candidate Name			Cate Ty										
	Senate President	ement For: Primary Other (spe	General ▼											
	State: District:													
В.	Full Name (Last, First, Middle Initial) Bantera Bank					Date	of Di	isburse						
	Mailing Address 3151 Jackson Street					1 ^M 2	М	[′] 3	^D /	2	2 0 Ŏ (3 Y		
	City Paducah	State KY	Zip Code 42003			Amou	ınt o	f Each	Disburs	emer		-	od	
	Purpose of Disbursement Payment for Creidt Card Fees (Dec)			·] L.		-			81.	50		
	Candidate Name			Cate Ty										
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General ccify) ▼											

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	410.65
TOTAL This Period (last page this line number only)	•	410.65

District:

State: